

REDACTED – FOR PUBLIC INSPECTION



Received &amp; Inspected

OCT 29 2013

FCC Mail Room

October 14, 2013

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of James Valley Cooperative Telephone Company  
Study Area Code 391664

Dear Executive Secretary:

On behalf of James Valley Cooperative Telephone Company ("James Valley"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules<sup>1</sup>. James Valley seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations<sup>2</sup>. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Vantage Point Solutions

/s/ Doug Eidahl  
VP of Consulting  
Phone: (605) 995-1750  
Fax: (605) 995-1778  
Doug.Eidahl@Vantagepnt.com  
Enclosure(s)

cc: Tanya Berndt, Chief Financial Officer, James Valley Cooperative Telephone Cooperative  
Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd 0+1  
List ABCDE

<sup>1</sup> 47 C.F.R. 54.313 and 47 C.F.R. 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).



<010> Study Area Code	391664	Received & Inspected OCT 29 2013
<015> Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.	
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Tanya Berndt	FCC Mail Room
<035> Contact Telephone Number: Number of the person identified in data line <030>	6053972323	
<039> Contact Email Address: Email of the person identified in data line <030>	tanyab@jamesvalley.com	



<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>		<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)		(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)				
<330> Detail on Attempts (broadband)		(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="391664SD510"/>	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="391664SD610"/>	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)			
<710> Company Price Offerings (broadband)	(complete attached worksheet)			
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)			
<1010> <input type="text"/>	(attach descriptive document)			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)			
<1110>	(complete attached worksheet)			
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)			<input checked="" type="checkbox"/>

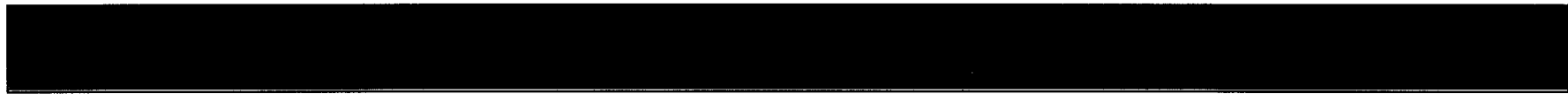
**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	



<b>&lt;010&gt;</b>	Study Area Code	391664
<b>&lt;015&gt;</b>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	6053972323
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@jamesvalley.com

<b>&lt;110&gt;</b>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5	
<b>&lt;111&gt;</b>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

**<112>** Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

**<113>** Maps detailing progress towards meeting plan targets  
**<114>** Report how much universal service (USF) support was received  
**<115>** How (USF) was used to improve service quality  
**<116>** How (USF) was used to improve service coverage  
**<117>** How (USF) was used to improve service capacity  
**<118>** Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

10. *Journal of the American Medical Association*, 2000; 284: 2689-2694.

<711>

[illegible]

[illegible]



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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@jamesvalley.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)





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<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐



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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 391664SD1210

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Name of attached document (.pdf)

<1220> Link to Public Website HTTP \_\_\_\_\_

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒



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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}  
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification  
 <2013> 2014 Frozen Support Certification  
 <2014> 2015 Frozen Support Certification  
 <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.  
 <2021> Interim Progress Community Anchor Institutions


Name of Attached Document Listing Required Information

\_\_\_\_\_

<010>	Study Area Code	391664
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<020>	Program Year	2014
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(ii)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	391664SD3017
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	



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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: JAMES VALLEY COOPERATIVE TEL. CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/11/2013
Printed name of Authorized Officer: James Groft	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 6053972323	
Study Area Code of Reporting Carrier: 391664	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@jamesvalley.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

\_\_\_\_\_

<810>	Reporting Carrier	James Valley Cooperative Telephone Company
<811>	Holding Company	
<812>	Operating Company	James Valley Cooperative Telephone Company

\_\_\_\_\_

[illegible]



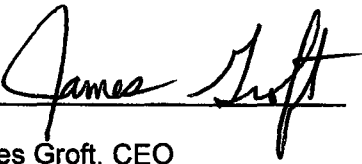
**CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2012**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. James Valley Cooperative Telephone Company follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Customer privacy notice information is attached. James Valley Cooperative Telephone Company has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on September 24, 2013.

  
A handwritten signature in black ink, appearing to read "James Groft", is written over a horizontal line.

James Groft, CEO

James Valley Cooperative Telephone Company

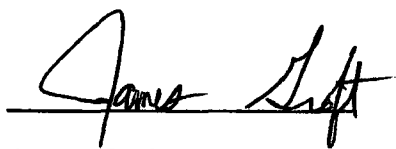
**CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2012**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). James Valley Cooperative Telephone Company is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. James Valley Cooperative Telephone Company has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. James Valley Cooperative Telephone Company's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. James Valley Cooperative Telephone Company has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on September 24, 2013.

A handwritten signature in black ink, appearing to read "James Groft", is written over a horizontal line.

James Groft, CEO

James Valley Cooperative Telephone Company



## Lifeline Assistance Application and Certification Form

Company Name: **James Valley Telecommunications**

SPIN: 143002236

*(Please Print or Type)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Residential Address (*Do not use a P.O. Box address*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your residential address a permanent address? Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Address (*If different from residential address*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number (*last four digits*): \_\_\_\_\_ (*If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.*)

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (*if existing service*)

Telephone number where you can be reached or receive messages: \_\_\_\_\_

Are you currently receiving Lifeline assistance through any other telephone provider? Yes \_\_\_\_\_ No \_\_\_\_\_

I am applying for: \_\_\_\_\_ Lifeline (\$9.25/monthly service discount for Landline Phone)

\_\_\_\_\_ Toll Limitation Service (*free toll blocking or toll control*)

I, one or more of my dependents, or my household currently participates in one or more of the following programs:

- ☐ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
- ☐ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance (Section 8)
- ☐ Low-Income Energy Home Assistance Program (LIHEAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ National School Lunch Program's Free Lunch Program
- ☐ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: \_\_\_\_\_.

*If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).*

**2013 Federal Poverty Guidelines – 135%**

Household Size		Household Size	
1	\$15,512	5	\$37,220
2	\$20,939	6	\$42,647
3	\$26,366	7	\$48,074
4	\$31,793	8	\$53,501

For each additional person after 8, add \$5,427 to the annual guideline.

Source: Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183

## Important Information

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

**I certify, under penalty of perjury, that:**

REDACTED - FOR PUBLIC INSPECTION

- (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;
- (2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (3) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- (7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);
- (8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (9) The information contained in this application and certification form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.*

For more information about Lifeline, see [www.PUC.SD.gov/Lifeline](http://www.PUC.SD.gov/Lifeline)

**Please return this application and all documentation to:**

James Valley Telecommunications  
PO Box 260 - 235 E 1<sup>st</sup> Ave Groton, SD 57445  
605-397-2323 or 1-800-556-6525

\_\_\_\_\_  
**Office Use Only**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Form(s) used to determine eligibility

REDACTED – FOR PUBLIC INSPECTION

JAMES VALLEY COOPERATIVE TELEPHONE COOPERATIVE (SAC 39166)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY